Parkrose School District #3

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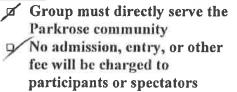
KGAB-AR-1 Adopted: April/2003 Revised: April 2011

AVENTHIS FORM TO BE COMPLETED BY PHS FACILITY COORDINATOR ONLY***

Organization: PARKROSE Jan	chool year only. You must reapply each year.)
Contact: KIM OL SON	Phone: 503 - 405 - 260
Date of Application: 8/23/16	Date(s) of event: 9/1 - 11/22/16
Purpose of Use: Soccer 1.	PRACTICE on MS Field

The organization/event must meet the criteria for 'REDUCED' by attaching the requested supporting documentation (see criteria below). Also, A FACILITY USE APPLICATION must accompany this form.

CRITERIA



QUOTED FEES

- FACILITY FEES	\$ 1300 -
- EQUIPMENT FEES	\$
- TECH SERVICE FEES	\$
- THEATER FEES	\$
- CUSTODIAL FEES	\$
TOTAL RENTAL FEES	\$

- □ Attach a copy of constitution (*if applicable*)
- Attach a current list of members with addresses (if applicable)

CUSTOMER PROPOSED FEES

- FACILITY FEES	\$
- EQUIPMENT FEES	\$
- TECH SERVICE FEES	\$
- THEATER FEES	\$
- CUSTODIAL FEES	\$
TOTAL RENTAL FEES	s &

Additional Conditions or Terms (if applicable): TEAM CONSISTS OF CURFIENT PARKNOGE MS STUDENTS COPERED BY KIM OLSON HIGH SCITOOL STAFF

History of Facility Use with Parkrose School District: New Tean This year Committed to PARKROSK QUITA SPORT AND WILL Self - MAINTAIN + CLEAN up

This section to be completed by PSD Administration:

PSD ADMINISTRATION APPROVED FEES - FACILITY FEES \$ - EQUIPMENT FEES \$ - TECH SERVICE FEES \$ - THEATER FEES \$ - CUSTODIAL FEES TOTAL RENTAL FEES S

Approved Denied []:

Bullaing Priscipal/Designee

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Administration Recommendation & Comments:

Superintendent Signatup

Date

9.21.16

Date:

Superintendent Recommendation & Comments:

Stase

BOARD ACTION: Approved Denied D

Date

2-3

KGAC-AR-2

. our o Date.	Today's Date: 8-23-16		For Office Use Only Received by:		
Organization: P	arkroxe You	Hn Soccer Ass	11 CONTRACTOR AND A CONT	n-Profit Tax ID#:	
1.4	n Olsor		Phone:		_
Email:	VI UJU		Thone.		
Address Date(s)	Day of week	C Facility	ity Stat Access Time - Exit Time	- and -	
8-30	T-Thurs	Soccerfield	5 ¹⁵ - 7 ³⁰	Expected Attendance	, tean
11-22		(middleSchall)	J /	200 25	coall pare spe
FACILITY FE	ES:	Criticalescrive)			pare
**When renting the	ch/4hr) \$ 13 00 ts/2hrs) \$ 26.00 histrict Food Service S. Stage, Cafeteria fees arged based on mits of Size \$ 6.00	x = \$ $x = $$ $aff will be scheduled for all apply will not involve PSD will not involve $$ SD will not involve$	_ []Wrestling Rm (4hrs) \$ _ [] BandRm (4hrs) \$ I Kitchen use at \$ 26.00 p/hr. con the half, quarter, or partial unit Baseball Field \$ 5		+ىدر
[] Pinno	\$ 26 00 x \$ 26.00 x	c = \$ [] Lining F	et up & Lining Football Field \$ 58	200 x = 5 Need	to us
 Piano Chairs ((per chair) Tables (per table) CUSTODIAL F up/re-set, bathrow Monday – Friday, Saturdays & Sund 	\$ 26.00; \$ 200; \$ 600; FEES: These inclusions form sanitizing an operating hours ays - all hours & after	= s ij Lining F = s = s ude lock/unlock of the d re-stocking, supplie operating hours =	et up & Lining Football Field \$ 58	ding, cleaning, event set- intenance.	
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We

We will ensure to keep everything in order + have everything in order + hav

I/we understand the above fees. If my application is accepted for the requested facility scheduled at Parkrose Middle School, we agree to meet all contractual, insurance, deposit and payment requirements during the agreement period. I/we agree to be responsible for the conduct of the audience in and about the building and for any damages beyond ordinary wear and tear, which occurs to this District property in regards to our use and occupancy thereof. I/we agree that District property will be used in accordance with the rules and regulations of the Bonrd of Educations (See Bolley KGAA). Client Signature huber Org

8/23/16 Date

CATERING/FOOD REQUIRMENTS

All Catering must be contracted by Parkrose Food Service (503-408-2122), or one of our Preferred Caterers.

+ If you are not using Parkrose Food Service, you are required to choose from our list of Preferred Caterers, which may be provided to you upon request (503-408-2697). Additionally, a Parkrose Food Service employee will be required for all kitchen use at a rate of \$26.00 p/hr. All food must be consumed/served in the PMS Cafeteria and will be added to your contract and invoice.

INDIVIDUALS OR ORGANIZATIONS REQUIRED TO PAY FOR THE USE OF SCHOOL FACILITIES UNDER Board Policy 9.12.2 MUST COMPLETE THE Hold Harmless STATEMENT AND MAY BE REQUIRED TO VERIFY INSURANCE COVERAGE BÉFORE FINAL AUTHORIZATION IS GRANTED.

HOLD HARMLESS AGREEMENT

Organization Name Here:

agrees to indemnify, hold harmless and defend the District, its board members, agents, employees and volunteers from and against any and all liabilities, damages, actions, costs, losses, claims and expenses (including attorney fees), on account of personal injury, death or damage to or loss of property or profits arising out of or resulting in whole or in part from any act, omission, negligence, fault or violation of law or ordinance by "Organization" or "Organization's" employees, agents, volunteers, subcontractors, speakers, exhibitors, event participants or invitees or any other person entering upon the premises with the implied or express permission of "Organization". Such indemnification by "Organization" shall apply unless such damage or injury results from the sole negligence or willful misconduct of the District.

8,23,16 mla Signed

INSURANCE REQUIREMENTS

Commercial General Liability insurance endorsement providing coverage against claims for bodily injury or death and property damage occurring in or upon or resulting from the facilities licensed hereunder, such insurance to offer immediate protection to the limit of no less than \$500,000 and such insurance shall include Blanket Contractual Liability coverage which insures contractual liability under the indemnification of the Parkrose School District #3 and Parkrose Middle School by Licensee as set forth below.

- Licensee shall maintain a policy endorsed to include the Parkrose School District, Parkrose Middle School, school board members, Ι. agents, employees and volunteers as additional insured's as respects to the Organizations use of District facilities. Said insurance must be primary to and non-contributory with any insurance carried by the District and include waiver of subrogation in favor of the District, its board members, agents, employees and volunteers.
- 2. Licensee agrees to provide all required certificates of insurance at least fifteen (15) calendar days prior to the time of occupancy
- 3. The parties agree that the specified coverage of limits if insurance in no way limit the liability of the licensee
- 4 Licensee shall provide a Certificate of Insurance containing a notice of cancellation clause not less than 30 days prior to cancellation or non-renewal of any such policy.

LAWS-RULES-REGULATIONS

- 1. All agents and employees connected with Licensee's use of the facility shall abide by, conform to and comply with all laws of the United States and the State of Oregon and all ordinances of the City of Portland, Oregon, and the rules and regulations of Parkrose Middle School, together with all rules and regulations of the Bureau of Police of the City of Portland
- 2 THE USE OF ALL TOBACCO. ALCOHOLIC BEVERAGES AND CONTROLLED SUBSTANCES ARE STRICTLY PROHIBITED IN OR ON PARKROSE MIDDLE SCHOOL PROPERTY.
- 3. All security services including peer group security desired by Licensee shall be arranged for by special agreement with the Parkrose Middle School and shall be paid for by the Licensee.
- The Parkrose Middle School shall have the sole right to collect and have custody of articles left in the building. 4.
- 5 Any decision affecting any matter not herein expressly provided for shall rest solely within the discretion of the Parkrose Middle School.

WE AGREE AND UNDERSTAND ALL OF THE ABOVE. WE AGREE THAT SAID SCHOOL PROPERTY WILL BE
USED IN ACCORDANCE WITH THE RULES AND REGULATIONS OF THE BOARD OF EDUCATION.
Organization or Individual Kim OKon - Mm Chy Position of Responsibility assistant Coach
Address 13243 NE Sacramento. Dr. City Pdx State Of Zin 97230
APPROVED FOR USE principal approved see page 2
+ FULL PAYMENT MUST